

Attorney's Docket No. \_\_\_\_\_

**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that: -

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☐ original  
☐ design  
☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**REGULATION OF INTRACELLULAR GLUCOCORTICOID CONCENTRATIONS**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.  
 (b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No. 0 / \_\_\_\_\_  
 or ☐ Express Mail No., as Serial No. not yet known \_\_\_\_\_  
 and was amended on \_\_\_\_\_ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

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- (c) ☒ was described and claimed in PCT International Application No. PCT/GB96/02134 filed on 28th August 1996 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

#### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

- ☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.97.

#### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.  
(e) ☒ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

#### EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
GB	9517622.8	29.08.1995	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

#### ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Henry H. Skillman, Reg.No. 17,352; Patrick J. Hagan, Reg.No.27,64  
Donald R. Piper, Jr., Reg.No.29,337

☒ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:


(Name and telephone number)

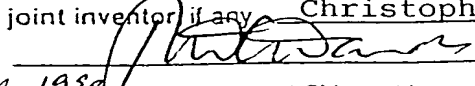
Dann, Dorfman, Herrell & Skillman.P.C., (215)563-4100  
1601 Market Street, Suite 720,  
Philadelphia, PA 19103-2307

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Brian Robert WALKER  
Inventor's signature   
Date 4<sup>th</sup> Feb 1998 Country of Citizenship United Kingdom  
Residence United Kingdom  
Post Office Address University of Edinburgh, Department of Medicine,  
Western General Hospital, Edinburgh EH4 2XU, United Kingdom

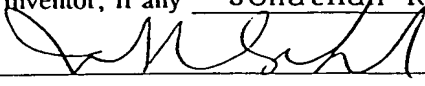
Full name of second joint inventor if any Christopher Richard Watkin EDWARDS  
Inventor's signature   
Date 16<sup>th</sup> Feb 1998 Country of Citizenship United Kingdom  
Residence United Kingdom  
Post Office Address Imperial College School of Medicine, Imperial  
College, Level 5 Sherfield Building, London SW7 2AZ, United Kingdom

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SIGNATURE(S)

Full name of third joint inventor; if any Jonathan Robert SECKL

Inventor's signature 

Date 15 Feb 1998 Country of Citizenship United Kingdom

Residence United Kingdom

Post Office Address University of Edinburgh, Molecular Medical

Centre, Western General Hospital, Edinburgh EH4 2XU,

United Kingdom

Full name of fourth joint inventor; if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth joint inventor; if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of sixth joint inventor; if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

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- If no further pages form a part of this Declaration then end this Declaration with this page and check the following item*

- (Declaration and Power of Attorney [1-1]—page 4 of 4)

ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND FOLLOW  
INSTRUCTIONS FROM REPRESENTATIVE

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

JY & GW Johnson

*Name(s) of authorized representative(s)*

Kingsbourne House,

*Address*

229-231 High Holborn,

London WC1V 7DP ENGLAND

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

(Added page to Combined Declaration and Power of Attorney for authorization of attorney(s) to accept and follow instructions from representative [1-24])

10080875-022202

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of ) Examiner: B. Badio  
Brian R. WALKER et al. )  
Application No. 09/029, 535 ) Group No: 1616  
Filed: February 27, 1998 )  
For: REGULATION OF INTRACELLULAR )  
GLUCOCORTICOID CONCENTRATION )  
)  
)

Assistant Commissioner for Patents  
Washington, D.C. 20231

**ASSOCIATE POWER OF ATTORNEY AND CHANGE  
OF CORRESPONDENCE ADDRESS**

Please recognize as Associate Practitioner in this case:

Thomas J. Kowalski, Esq.  
Frommer, Lawrence & Haug, LLP  
745 Fifth Avenue  
New York, NY 10151

Registration No. 32,147  
Telephone: (212) 588-0800

Please direct all future official correspondence concerning this above-identified patent application to the associate attorney at the above address.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN  
A Professional Corporation  
Attorneys for Applicant

By Patrick J. Hagan  
Patrick J. Hagan  
Registration No. 27,643

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